

PTO/SB/01 (12-97)

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Number					
			First Named Inventor	Donald S. Merrill				
			COMPLETE IF KNOWN					
			Application Number					
Declaration Submitted with Initial Filing			Filing Date					
	OR L	☐ Declaration Submitted after Initial	Group Art Unit					
		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name					

As a below named inventor, I hereby declare that.									
My residence, post office address, and catzenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled									
Electronic Facilitation Venue									
the specification of which (Title of the Invention) Is attached hereto OR									
was filed on (MM/I	(איזיאוסס	as Unite	as United States Application Number or PCT international						
Application Number	and w	as amended on (MM/DD/)	YYY)		(if applicable)				
I nereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56.									
I hereby claim foreign priority benefits under 35 USC 119(a)-(d) or 365(b) of any foreign application(s) for patient or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	Copy Attached?				
			0000	0000	0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto-									
	under 35 U S C 119(e) of an		application(s) his	ited below					
Application Number	(5) Filing Date	e (MM/DD/YYYY)	numbe supple	onal provision ers are listed o emental pnority SB/02B attach	n a / data sheet				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

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- Utility or Design Patent Application **DECLARATION-**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentiability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number					Parent Filing Date F (MM/DD/YYYY)				Parent Patent Number (if applicable)				
	-												
Additional	US or P	CT international	applicat	ion numbers ar	e listed on a	supple	menta	il priority data	sheet Pi	O/SB/C)2B attached	hereto	
As a named inventor, I hereby appoint the following registered practitioner(s and Trademark Office connected therewith Customer Number OR						to pros	ecute	this application	on and to	transac	Place Cus Number Ba	tomer r Code	
			_빌	Registered pra		name/re	gistrat	ion number is	ted belo	w L	Labelb		
	Name)		Regist Nun	ration tber			Nam	e		Registration Number		
Additional	registered	practitioner(s) r	amed o	n supplemental	Registered	Practition	oner Ir	nformation she	et PTO/	SB/02C	attached he	eto	
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Country	Uni	ted Stat	es	Telepho	ne (53)	0) 89	97-(0735	Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon													
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Additional	Invento	rs are being n	amed o	n thesu	pplementa	al Addit	ional	inventor(s)	sheet(s)	PTO/	SB/02A atta	ched hereto	